DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. MSFTP247US MS DOCKET NO. MS174295.1

As a below named inventor, I hereby declare that:

City, State and Zip: Cleveland, Ohio 44114

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND

METHOD PROVIDING INLI	NED STUB		1	J			
the specification of which is filed	herewith unless the follow	wing box is o	checked:				
. () was filed on	as US Applica	ation Serial l	No. or PCT Inte	rnational Applica	tion		
Number	and was amende	ed on	((if applicable).			
I hereby state that I have reviewed	ed and understood the con	itents of the	above-identifie	d specification, in	cluding	the claims, as amended b	
any amendment(s) referred to abo	ove. I acknowledge the di	uty to disclos	se all information	on, which is mater	nal to par	tentability as defined in 3	
CFR 1.56.							
Foreign Application(s) and/or Claim o I hereby claim foreign priority benefits u		ada Castian 116	O of any foreign an	mlication(c) for naten	t or invent	or(s) certificate listed helow an	
have also identified below any foreign ap							
	PPLICATION NUMBER		E FILED			UNDER 35 U.S.C. 119	
					YES:	NO:	
					YES:	NO:	
Provisional Application	<u> </u>						
I hereby claim the benefit under Title 35,	United States Code Section 119	9(e) of any Unit	ed States provision	al application(s) listed	l below:		
			T		7		
e in the second	APPLICATION SERIAL	NUMBER	FILI	NG DATE	_ ·	•	
:							
U.S. Priority Claim	L				_		
I hereby claim the benefit under Title 35	, United States Code, Section 17	20 of any Unite	d States application	n(s) listed below and,	insofar as	the subject matter of each of the	
claims of this application is not disclosed acknowledge the duty to disclose material	I in the prior United States appli al information as defined in Tit	le 37 Code of	ianner provided by Federal Regulation	the first paragraph of is. Section 1.56(a) wh	ich occum	ed between the filing date of the	
prior application and the national or PCT			r caciai regulation	, Doomon 1100(2) ***			
							
APPLICATION SERIAL NUMBE	ER FILING	DATE	STATUS(patent		ed/pending/abandoned)		
100							
177							
POWER OF ATTORNEY: As a hamed inventor, I hereby appoint	the following attorney(s) and/	or agent(s) liste	ed helow to prosec	ute this application a	nd transac	et all business in the Patent ar	
Trademark Office connected therewith.	the following attorney(s) and	or agent(o) not	od ocion to prosec	ate time approacher a			
	Tr no n	(20)			T	du C Amir Des Ne	
Add Attorney Name and Reg. No.	Katie E. Sako, Reg. No. 32,	028 L	Daniel D. Crouse, I	keg. No. 32,022	40,894	shu S. Amin, Reg. No.	
				N 20 224	1 .,	T. I D N 46.016	
Gregory Turocy, Reg. No. 36,952	Christopher P. Harris, Reg 43,660	. No.	Gary J. Pitzer, Reg	j. No. 39,334	John I	. Kalnay, Reg. No. 46,816	
Paul V. Keller, Reg. No. 42,713			Deborah Liu, Reg. No. 47,753		Gregor	y Adams, Reg. No. 44,494	
William Cooper, Reg. No. 44,629	, , , , , , , , , , , , , , , , , , ,				1		
William Cooper, Reg. 110, 41,025					 		
		-		• • • • • • • • • • • • • • • • • • • •	 		
	 				 		
					<u> </u>		
Send Correspondence to:			Direct Telephone Calls To:				
·			•				
Contact Name: Himanshu S. Amin Firm Name: AMIN & TUROCY, LLP			Contact Name: Himanshu S. Amin Contact Phone Number: (216) 696-8730				
	ROCY, LLP Street, 24 th Floor, National Cit	tv Center		Comact Phone P	amber:	(210) 070 -0 /JU	



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. MSFTP247US MS DOCKET NO. MS174295.1

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Frank V. Peschel-Gallee	Citizenship: Germany	
Residence:	Redmond, Washington		
Post Office Address:	6424 146th Avenue NE, Redmond, Wash	nington 98052	
Frank Pa.	he- July	06/22/01	
Inventor's Signature		Date	
Full Name of Inventor:	Raja Krishnaswamy	Citizenship: <u>India</u>	
Residence:	Redmond, Washington	· · · · · · · · · · · · · · · · · · ·	
Post Office Address:	4306 156th Ave. NE, Apt. CC-111, Redm		
II WYS		06/22/01 Date	
Inventor's Signature		Date	
:. :-		•	
Full Name of Inventor:	Patrick H. Dussud	Citizenship: U.S.	
Residence:	Bellevue, Washington		
Post Office Address:	6008 142 nd Ct. SE, Bellevue, Washington	n 98006	
Polic	he been hed	6/22/01	
Inventor's Signature		Date	